

AMERICAN CITIZEN REGISTRATION

Please mail to:

American Consulate General Sapporo

Kita 1-jo Nishi 28-chome, Chuo-ku

Sapporo 064-0821, Japan

Or fax to: 011-643-1283

Surname _____ Given name(s) _____

Mailing/street address _____

Ward/City/Prefecture _____ Postal code _____

Gender (circle one) Male Female

Birthplace _____ Birth date _____
(City, State) (DD/MM/YY)

SSN _____

Passport# _____ Issue date _____ Expiration date _____

Place of issuance _____

Home tel. _____ Work tel. _____

Fax _____ E-mail _____

Estimated date of departure from Japan _____
(MM/YR)

ADDITIONAL U.S. CITIZEN HOUSEHOLD MEMBERS

Surname _____ Given name(s) _____

Relationship _____

Birthplace _____ Birth date _____
(City, State) (DD/MM/YY)

Passport# _____ Issue date _____ Expiration date _____

Place of issuance _____ SSN _____

Surname _____ Given name(s) _____

Relationship _____

Birthplace _____ Birth date _____
(City, State) (DD/MM/YY)

Passport# _____ Issue date _____ Expiration date _____

Place of issuance _____ SSN _____

Surname _____ Given name(s) _____

Relationship _____

Birthplace _____ Birth date _____
(City, State) (DD/MM/YY)

Passport# _____ Issue date _____ Expiration date _____

Place of issuance _____ SSN _____

Please list additional family members on a separate sheet; an entire family can register using one form.

PLEASE LIST AN EMERGENCY CONTACT

Name _____

Relationship _____

U.S. address _____

Home tel. _____ Work tel. _____

Fax _____ E-mail _____

☐ **I decline to provide contact information**

PRIVACY ACT STATEMENT The principal purpose for this information is to create an official record of U.S. citizenship which will enable consular and diplomatic officers to furnish promptly and efficiently all services which are the inherent right and privilege of such citizenship. Specific purposes for the collection of this information include: establishment of entitlement to services consistent with the U.S. citizenship in event of the registrant's death and protection of and assistance to U.S. citizens abroad, particularly in emergency situations. The information is made available on a need-to-know basis to personnel of the Department of State and to other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties, and to wardens designated by consular officials at U.S. Embassies or other U.S. Foreign Service posts. Furnishing the information on this form is voluntary, but failure to do so may preclude or impair U.S. government officials or other designated representatives from providing the services described in this statement.

AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT

In the event other persons request information regarding my welfare or whereabouts, I do hereby authorize the U.S. Department of State and the U.S. Embassy Tokyo to contact the following persons:

Please circle "all," "none" or otherwise specify desired contacts.

Family	All	None	Specify _____
Congress	All	None	Specify _____
Legal representative	All	None	Specify _____
Media	All	None	Specify _____
Medical	All	None	Specify _____
Other	All	None	Specify _____

Adult's signature _____ **Date** _____

This registration does not automatically sign you up for our newsletter. Sign up on our web site at <http://www.tokyoacs.com>.

Worldwide travel information is available on the Department of State website at <http://travel.state.gov>.